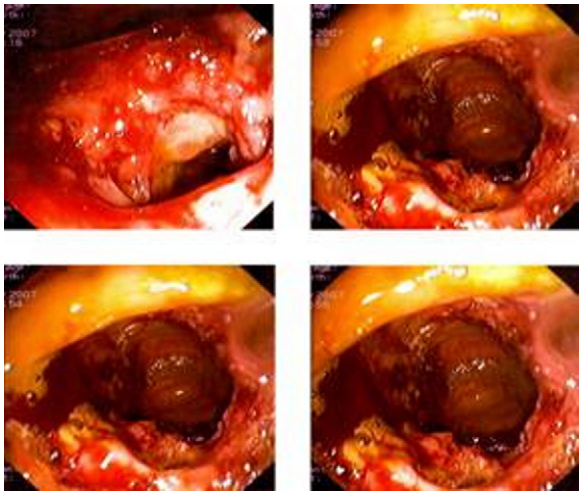
therapy for abdominal tuberculosis. If patients develop complications, surgery is inevitable.
Case Description: The patient was a 33 year old female presented with fever, chills, and a history of abdominal discomfort. Lymphadenopathy was detected on physical examination. Contrast CT of chest and abdomen showed patchy densities and thickening of the ileocecal wall respectively. Biopsies and histological studies documented the existence of TB. Axillary lymph node biopsy revealed chronic necrotizing granulomatous lymphadenitis, consistent with tuberculosis on microscopic description and large areas of granular eosinophilic necrosis with surrounding epithelioid histiocytes and giant cells in microscopic view.



PP-206 **Symphysis pubis osteomyelitis due to tuberculosis in an Afghan man**

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Introduction: The prevalence of tuberculosis is increasing and musculoskeletal tuberculosis, although currently rare, may become an important problem. Musculoskeletal tuberculosis can be difficult to diagnose as only about one third of patients have respiratory symptoms. Synovial fluid aspirate is relatively unlikely to lead to definitive diagnosis, and a bone biopsy should always be taken for culture and histological examination.
Case Description: The patient was a 67 year-old Afghan man with chief complaint of purulent discharge from right inguinal area since two years ago. Bilateral inguinal lyphmadenopathy that were mobile and non tender in different size were detected. There was no hepatospelenomegaly. Fistulography was performed. Contrast media passed through an irregular fistula. Destructive lesion and sclerosis due to symphysis pubis ostemyelitis was detected. The patient was operated for debridment and evaluation of osteomyelitis. Suprapubic area was opened. Pubic bone was destructed. Sequestration and cavity formation in the area was observed. Complete curettage and irrigation was performed. Tuberculosis PCR and culture was positive. Four drugs anti tuberculosis regimen was started for him.

PP-207 **Anterior and intermediate uveitis due to tuberculosis in a young immunocompetent patient, a case report**

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Introduction: Tuberculosis is a rare cause of uveitis. It is a readily treatable disease and the consequences of delay in either ocular or systemic diagnosis can be very serious.
Case Description: The patient was a 32 year-old woman with sever right eye pain, photophobia, red eye and blurred vision since several days before visiting. She had history of weight loss, anorexia, night sweating and positive family history of pulmonary Tuberculosis. Ophthalmology evaluation showed was anterior and intermediate uveitis. Rheumatid factor, anti-nuclear antibody and rapid reagin reaction test were negative. Tuberculin skin test was 37 mm positive. Anti tuberculosis treatment was started with good clinical response. Tuberculosis uveitis should be considered in every patient with uveitis in endemic area of Tuberculosis.

PP-208 **Death due to pulmonary tuberculosis flare up after Bell's palsy treatment**

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Background: Peripheral facial nerve palsy has several etiologies. Idiopathic form or Bell's palsy is the commonest but some underlying disorders may induces this palsy or exist in patient with idiopathic form.
Objective: To report a case with facial palsy expired after corticosteroid starting, because of necrotizing pneumonia due to old tuberculosis flare up.
Case report: A 45-years old woman without any clear past medical history admitted for peripheral facial nerve palsy. After establishment the diagnosis of Bell's palsy, prednisolon (50 mg daily with tapering for ten days) prescribed for patient. After 5 days, the patient deteriorated by high grade fever and pneumonia and hemoptysis. Sputum smear and culture reviled flaring up previous latent pulmonary tuberculosis. Despite starting anti TB immediately, patient died because of fatal necrotizing pneumonia.
Conclusion: Evaluation for previous infective disorder especially TB before corticosteroid treatment in Bell's palsy in regions with endemic TB is recommended.

PP-209 **Multi-center study on latent tuberculosis affecting healthy adults of Karachi, Pakistan**

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Background: Prevalence and associated factors of Latent Tuberculosis Infection (LTBI) among young healthy adults has not been studied in our population. Hence we conducted this study to estimate prevalence and identify associated factors for LTBI among young adults of Karachi, Pakistan. We also compared risk of acquiring the disease among medical students compared to non medical colleagues.
Methods: This multi-center, cross-sectional study was conducted in Karachi from June to October 2010. The study subjects after consent were interviewed, clinically examined and tested using Tuberculin Skin Test (TST). Descriptive statistics were calculated. Association were checked according to variable type keeping level of significance at p-value <0.05.
Result: Sample comprised of 600 student volunteers. Figure 1 explains their characteristics. Majority 589 (98%) were

vaccinated at birth. The mean size of TST indurations observed was 7±4 mm. Of the sample, 12 (2%) cases had a positive TST. Association between observed factors are explained in Table 1. Bacille Calmette-Guérin (BCG) showed statistically significance association with LTBI.

Conclusion: Prevalence of LTBI among healthy young adults of Karachi is significantly less at 2%. BCG was the only associated factor identified. Medical students are at twice the risk of acquiring the disease compared to their non medical contemporaries.

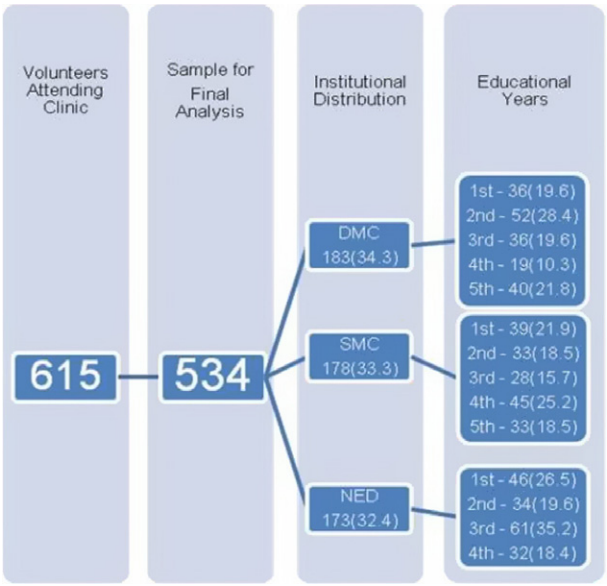

Figure 1. Flow chart of study participants.

Table 1. Association of observed factors to latent tuberculosis disease status among healthy young adults

Factors	Positive TST, n (%)	Negative TST, n (%)	Uncertainty coefficient (P-value)	Contingency coefficient (P-value)
Gender				
Male	2 (0.3)	202 (37.8)	0.007	0.067
Female	10 (1.8)	320 (59.9)	(0.09)	(0.12)
Institute				
Medical	8 (1.4)	353 (66.1)	0.0001	0.003
Non medical	4 (0.7)	169 (31.6)	(0.94)	(0.94)
Ethnicity				
Urdu speakers	9 (1.6)	352 (65.9)	0.001	0.024
Non-Urdu speakers	3 (0.5)	170 (31.8)	(0.57)	(0.58)
Own recent history				
None	5 (0.9)	274 (51.3)	0.001	0.032
Possible	7 (1.3)	248 (46.4)	(0.45)	(0.45)
Own chronic exposure				
None	4 (0.7)	295 (55.2)	0.006	0.069
Possible	8 (1.4)	227 (42.5)	(0.11)	(0.11)
BCG vaccinated				
Yes	10 (1.8)	519 (97.1)	0.104	0.240
No	2 (0.3)	3 (0.5)	(0.00)*	(0.0001)*

BCG, Bacille Calmette-Guérin; TST, Tuberculin skin test.
*Significant.

PP-210 Utility of B cell epitopes based on peptides of RD1 and RD2 mycobacterial antigens for immunodiagnosis of pulmonary tuberculosis

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Background: Serodiagnostic tests incorporating highly specific RD antigens from *Mycobacterium tuberculosis* have recently been shown to be promising assays for accurate diagnosis of both pulmonary and extrapulmonary tuberculosis (TB). However only few of these studies have used synthetic peptides and none has used them to differentiate TB from Sarcoidosis, a close mimic of smear negative pulmonary TB (PTB) with entirely different clinical management.

Methods: Bioinformatics has emerged as a powerful tool to predict amino acid sequence of immunodominant B cell epitopes. In this study, Bcepred program was used to predict B cell epitopes of immunodominant RD1 (ESAT6, CFP10) and RD2 (CFP21, MPT64) antigens. Peptide corresponding to these epitopes were got commercially synthesised and ELISA was used as diagnostic technique to evaluate the reactivity of these four peptides individually and in combination with the sera of sputum smear +ve and sputum smear –ve PTB patients, Sarcoidosis patients and healthy controls taking the mean + 3 SD of OD of entire healthy control group as cut-off.

Results: Sensitivity with individual peptides ranged from 37.5%-83% for smear +ve, 25–58% for smear –ve as compared to 4–16% in sarcoidosis (a close mimic of PTB). However, combination of all the four peptides resulted in 80% sensitivity for smear +ve, 58.3% smear –ve and only 4% in sarcoidosis patients. In all these assays, specificity was always observed to be 100% suggesting the highly specific nature of RD peptides used in present study.

Conclusion: Thus, synthetic peptides corresponding to Bcell epitopes of mycobacterial RD antigens can be used for devising highly sensitive and specific TB diagnostic test which can not only result in rapid diagnosis of smear positive PTB but also detect a good proportion of otherwise difficult to diagnose sputum smear –ve pulmonary TB with an ability to differentiate from Sarcoidosis.

PP-211 Evaluation of latent *Mycobacterium tuberculosis* infection screening using TSPOT®.TB assay and TST in IMID patients prior to initiation of anti-TNF alpha therapy

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Objective: To evaluate interferon gamma release assay (TSPOT®.TB assay) and tuberculin skin test (TST) for detecting latent tuberculosis infection (LTBI) among patients with immune mediated inflammatory diseases (IMID) prior to initiation of anti-TNF alpha therapy in BCG-vaccinated area.

Methods: 294 IMID patients and 48 healthy controls from Eastern China were enrolled. The TSPOT®.TB assay and TST were performed on all subjects simultaneously. The positive rates and odds ratio of risk factors were analyzed among different subgroups.

Results: The positive rate of TSPOT assay was 27.2% and that of TST was 51.4% (cut-off $\geqslant$5 mm) or 38.4% (cut-off $\geqslant$10 mm) among IMID patients. Either in IMID patients or in healthy controls, the TST positive rates were both significantly higher than that of TSPOT assay ($P < 0.005$). TST positive rate in IMID patients was lower than in healthy control. IMID patients are more likely to be misdiagnosed as LTBI by TST. Among IMID patients, TST result was apparently associated with BCG vaccination and immunosuppressive therapy ($P < 0.05$) while TSPOT result was not.

Conclusion: TSPOT assay is a more reliable and sensitive tool for screening LTBI among IMID patients in BCG-vaccinated area, especially for those on immunosuppressive therapy.